



**WEST MICHIGAN
DRIVING ACADEMY**
231.557.8976 • DriveSafeWM.com

Thank you for choosing West Michigan Driving Academy for your driver education. Please fill out the 2 page contract and send it back with your **\$100.00** deposit as soon as possible to **WEST MICHIGAN DRIVING ACADEMY, 1165 W. HACKLEY AVE, MUSKEGON, MI 49441**. The balance will be due the first day of class. **PLEASE NOTE:** Your child is not in the class until your deposit is received.

Please have your child bring the following items with them on the first day of class: a pen or pencil, paper, a copy of their birth certificate and their balance.

Your child will bring home a calendar of class times and drive times the 2nd day of class. Any questions please feel free to call 231-557-8976.

Sincerely,

Mark VanDyke

Fruitport High School – Room 122

Glenside – 1165 W. Hackley

Montague High School – Room 204

North Muskegon – Elementary Library

Oakridge High School – Room 138

Reeths-Puffer High School – Room 209

Whitehall High School – Room 112

WEST MICHIGAN DRIVING ACADEMY LLC

Office Hours:
Monday – Thursday

Remit To: 1165 W. Hackley Ave

Department of State

9:00 AM – 1:00 PM

Muskegon, MI 49441
(231) 557-8976 drivesafewm@yahoo.com

Certificate #
P000152

Table with 6 columns: School Name, Address, City, State, Zip. Includes Whitehall HS, Montague HS, North Muskegon HS, Fruitport HS, Glenside, and Reeths Puffer High School.

SEGMENT I CONTRACT

Program Number: Class Location:

Dates of Class:

Student Name: Date of Birth:
Address: Age:
Phone:

Parent's Name: Emergency Phone:

West Michigan Driving Academy will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program. Classroom instruction must be a minimum of 3 weeks in length. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction. BTW instruction must be completed no later than 3 weeks after the classroom instruction has been completed. Class times are Monday-Thursday 5:15pm-7:15pm Notice – This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with the provider, write: Michigan Department of State, Driver Program Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

- 1. The student must be at least 14 years/8 months of age by the first scheduled day of class (verification by birth certificate required).
2. The parent or guardian agrees to pay the amount of \$355.00 You MUST return this signed contract with a \$100.00 deposit 2 weeks prior to the start of class in order to ensure a place in the class. The balance of \$255.00 will be due the first day of class. Cash or check is accepted for payment. Any payments made after the first week must be made by cash or money order.
3. Requirements to pass the course: Twenty-four hours classroom instruction. Six (6) hours of behind-the-wheel driving instruction, Four (4) hours of observation time. The student needs to score 70% or better on homework/quizzes/class participation.
4. The required score to pass the STATE TEST 70%.
5. The cost of materials and supplies for the class is included in the price of the course.
6. In the event of a no-show for a drive, a no-show fee of \$40.00 will be charged. (Parent initials)
7. In case of a student's absence or emergency the school's policy is that the student has to make up the class the next month.
8. If a Certificate of Completion is misplaced or destroyed, there is a \$20.00 replacement fee. (Parent initials)
9. If school is closed due to weather conditions or natural disaster class is cancelled.
10. If a student needs to be read to there is a \$20.00 fee.

REFUND POLICY

Class fees are refunded only when the class is canceled, upon receipt of a physician's statement of illness, or if the enrollee moves out of the area prior to the start of class. There will be a \$25.00 return check fee for all returned checks

Student's Signature
Mark Van Dyke

Parent's or Guardian's Signature

School Representative Signature

Date of Contract

I authorize West Michigan Driving Academy to allow a certified instructor employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle in the event their partner doesn't show up.

Parent or Guardian Signature

Date of Contract

WEST MICHIGAN DRIVING ACADEMY LLC

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Muskegon, MI 49445
(231) 557-8976 drivesafewm@yahoo.com**

Department of State
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Whitehall
116 W. Colby
Whitehall, MI 49461

Glenside
1165 W. Hackley
Muskegon, MI

Cloverville
3162 D Hts Ravenna
Muskegon, MI 49444

Reeths Puffer High School
1545 N. Roberts Road
Muskegon, MI 49445

Health and Physical Status Form

Program Number:

Class Location:

Student:

Date of Birth:

Age:

Phone:

Attends School:

Parent's Name:

Emergency Phone:

Yes No Are there any special accommodations that the student will require to participate in the classroom phase (test being read to him/her, an interpreter, seating arrangements, etc.)? NO or YES (Please circle one) If yes, please explain.

Yes No Is the student on any type of medication? NO or YES (Please circle one) If yes, please list.

What are the side effects?

Yes No Is there any physical condition that would affect the student's ability to perform the driving maneuvers? NO or YES (Please circle one) If yes, please explain.

Yes No Is there any medical condition that would pose a concern (epilepsy, asthma, color blindness, hearing loss, etc.)? NO or YES (Please circle one) If yes, please explain.

Yes No In the last six months, has the student had a fainting spell, blackout, seizure, or other loss of consciousness? NO or YES (Please circle one) If yes, then, for the student to continue, the instructor must have a letter signed by the student's physician indicating that the condition, which caused the episode, was a "one-time" occurrence, and would not occur again and/or prevent the student from safely operating a motor vehicle.

Yes No Is the student's driving privileges currently suspended, revoked, or denied? NO or YES (Please circle one)

Parent or Guardian Signature

Date